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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/632,934			ing Date 01/2003	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								OTHER THAI SMALL ENTITY OR SMALL ENTIT				
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	AL CLAIMS CFR 1.16(i))		minus 20 =		*			X \$ =		OR	X \$ =	
IND	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =		*			X \$ =			X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	shee is \$2 addi	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY			
AMENDMENT	02/08/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 61	Minus	** 61		= 0		X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 5	Minus	***5		= 0		X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
<i>'</i>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column	າ 2)	(Column 3)						
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		=		X \$ =		OR	X \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		=		X \$ =		OR	X \$ =	
EN	Application Size Fee (37 CFR 1.16(s))											
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									nstrument Ex	OR amin	TOTAL ADD'L FEE e r:	
*If the entry in column 1 is less than the entry in column 2, write "U in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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